

CHILDREN'S ART INSTRUCTOR

City of Tempe Cultural Services – Arts Education Program

- Opening Date:** July 16, 2003
- Closing Date:** Applications accepted until the needs of the City are met.
- Employment Season:** Fall 2003 September 15 – November 8
Monday, Tuesday, Wednesday and Friday mornings
- Essential Job Functions:**
- Instruct a class and/or workshop in a designated subject area to you community participants.
 - Develop sequential lesson plans that promote a variety of techniques and processes.
 - Supervise participants and/or volunteers.
 - Maintain teaching space; report problems, clean up, ensure safety.
 - Complete payroll time sheets; document student attendance.
 - Prepare teaching area: setting-up tables, chairs, teaching equipment, and audio/visual equipment.
 - Attend pre-program planning and training sessions.
 - Order and account for supplies.
- Hourly Wage:** \$12.78-19.75 per hour (2-19.5 hours per week) depending on classes instructed
- Experience & Training:** Performing and studio artists who have instructional experience. Requires 2-3 years experience and education in performing arts and knowledge of teaching techniques. Bachelor's degree or equivalent experience in dance education or performing arts preferred.
- Applicant Requirement:** Some positions require the ability to obtain certification in First Aid and CPR if instruction includes physical activity, youth, or hazardous materials and equipment.
- Requires successful completion of selection process, successful completion of background investigation, and verification of identity and work authorization.

Return applications to Cultural Services, Edna Vihel Center for the Arts, 3340 South Rural Road, Tempe, AZ 85282
A separate application must be completed for each employment opportunity.

AN EQUAL OPPORTUNITY/REASONABLE ACCOMMODATION EMPLOYER



Application For
Part-Time Employment

An Equal Opportunity Reasonable Accommodation Employer

PRINT CLEARLY AND NEATLY IN INK OR USE TYPEWRITER.
ANSWER ALL QUESTIONS COMPLETELY. SIGN THE APPLICATION

TITLE OF POSITION: _____

1. **Name:** _____ 2. **Social Security #:** _____ - _____ - _____
Last First Middle In.

3. **Address:** _____
Street - Apt. # City State Zip Code

4. **Phone - Home:** _____ **Office:** _____ **Message:** _____

5. **Driver's License: #:** _____ **State:** _____ **Class:** _____ **Expiration Date:** _____
Is this license currently valid: **Yes** _____ **No** _____

6. Are you at least 16 years old? **Yes** _____ **No** _____ Upon hiring, you may be required to show proof.

7. Are you a United States citizen or a legally registered alien? **Yes** _____ **No** _____

8. Are you related to any member of the City Council or any City Board or Commission member or any City employee?
Yes _____ **No** _____ If yes, indicate WORK, RELATIONSHIP AND POSITION: _____

In accordance with Rule 3, Section 301, of the Tempe Personnel Rules and Regulations, no parent (in-law and step), child (in-law and step), or spouse of a regular employee, City Councilmember, Board or Commission member can be hired as a temporary employee, except as a participant in a Cooperative Office Education, Workstudy, or University internship program, or were City of Tempe employees who retired in good standing.

9. Have you ever worked for the City of Tempe? **Yes** _____ **No** _____ If yes, WHEN: _____ Month/Year

10. Dates available: From _____ To _____. Specify times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
List specific hours you are available to work, i.e. 8am-noon							

11. **EDUCATION:** Circle highest grade completed
GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 6

12. **HIGH SCHOOL AND INSTITUTIONS OF HIGHER LEARNING**

Name	Dates Attended	Major	Degree or Diploma Obtained

13. **CERTIFICATION OR REGISTRATION:** (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I., etc.)

Current type of certifications:	Expiration Date:

Attach copies of current

certifications to application

EMPLOYMENT HISTORY:

Indicate your experience in each position beginning with your present or most recent position, including any military and volunteer experience. **Show your entire work history.** The amount of experience and the way you describe it, as it pertains to the position you are seeking, will determine whether or not you are given further consideration for the position. **You may attach a resume to your application; however, your qualifications will be evaluated solely on this completed application form and supplemental questionnaire(s).**

14. Place of Employment or Volunteer Experience: _____ Phone: _____

FAX: _____

Address: _____

Street

City

State

Zip Code

Kind of Business: _____ Your Title: _____

Supervisor Name/Title: _____

Employment Dates: From _____ To _____ Total Time There _____

Month/Year

Month/Year

Year(s) Month

Hours Per Week ____ Starting Wage \$ _____ per _____ Ending Wage \$ _____ per _____

Description of Work Performed: _____

Reason for leaving or wanting to change: _____

May we contact this employer if you are considered for the position: Yes ____ No

15. Place of Employment or Volunteer Experience: _____ Phone: _____

FAX: _____

Address: _____

Street

City

State

Zip Code

Kind of Business: _____ Your Title: _____

Supervisor Name/Title: _____

Employment Dates: From _____ To _____ Total Time There _____

Month/Year

Month/Year

Year(s) Month

Hours Per Week ____ Starting Wage \$ _____ per _____ Ending Wage \$ _____ per _____

Description of Work Performed: _____

Reason for leaving or wanting to change: _____

May we contact this employer if you are considered for the position: Yes ____ No

16. Place of Employment or Volunteer Experience: _____ Phone: _____

FAX: _____

Address: _____

Street

City

State

Zip Code

Kind of Business: _____ Your Title: _____

Supervisor Name/Title: _____

Employment Dates: From _____ To _____ Total Time There _____

Month/Year

Month/Year

Year(s) Month

Hours Per Week ____ Starting Wage \$ _____ per _____ Ending Wage \$ _____ per _____

Description of Work Performed: _____

Reason for leaving or wanting to change: _____

May we contact this employer if you are considered for the position: Yes ____ No

23. Please list other names you have gone by, so we can verify your previous work experience and/or education:

24. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)? Note: Reckless operation, hit-and-run, driving under the influence, excessive speeding, and similar charges are **not** considered minor traffic offenses; furthermore, an excessive number of traffic violations (including minor/civil offenses) should be reported.

Yes ☐ No ☐ If Yes, give details, including charges, dates, locations, etc. (attach a separate page if necessary): _____

It is to your advantage to provide a full disclosure of your record, as convictions do not automatically bar you from employment with the City. **However, failure to admit convictions will result in automatic disqualification from new or continued employment** (tempered by the specific considerations listed in the "Truth in Application Policy" below).

TRUTH IN APPLICATION POLICY

The City of Tempe places a prime value on integrity. This value applies to all phases of City business. In particular, the City values, and in fact requires, honesty in completing employment applications. This is important to creating a fair process oriented towards selecting the best candidate. Therefore, the City will not tolerate lies or omissions of material fact on employment applications.

The City of Tempe has a "zero tolerance" of untruthfulness in application materials. The City conducts a background check upon hire to verify the information contained in the application. However, at the same time that the City values integrity and truth in applications, it recognizes that people may make mistakes and may learn from them. Therefore, the City's "zero tolerance", as stated in this policy, is tempered by the following considerations:

1. Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.
2. Applicants are not required to report convictions that have been expunged or sealed by a court of law.
3. If misstatements or omissions of material fact are discovered after seven (7) years of the date of an application, they may be grounds for dismissal from City employment, but such dismissal will be considered on a case-by-case basis, weighing the severity of the misstatement/omission against subsequent job performance and its relationship to the job.

I agree and understand that any deliberate misstatement or omission of material fact on application documents will cause forfeiture on my part of all eligibility to any employment with the City of Tempe, and will cause forfeiture of my job if I am currently employed or become employed by the City of Tempe.

My signature on this application form acknowledges my understanding and agreement with the above policy.

25. I certify that all statements made on all application materials are true and complete. In addition, I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

Name: _____ Social Security No.: _____

I hereby authorize the City of Tempe to check my references with the following employer (**complete one box for each employer listed on application and supplement. Make additional copies if needed:**

Date(s) Employed:

Company Name:

Address/City/Zip:

Supervisor's Name/Title:

Phone #: (_____) _____

Signature _____

Date _____

Name: _____ Social Security No.: _____

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Date(s) Employed:

Company Name:

Address/City/Zip:

Supervisor's Name/Title:

Phone #: (_____) _____

Signature _____

Date _____

Name: _____ Social Security No.: _____

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Company Name:

Address/City/Zip:

Supervisor's Name/Title:

Phone #: (_____) _____

Signature_____

Date_____